

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 19 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>17079</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name GERARD CLEMENZA  P.O. Box, Bldg., Room No., if any  Street 61-04 MAURICE AVE  City MASPETH  State New York ZIP Code + 4 11378	4. Name, file number, and address of labor organization.  Name INT'L UNION OF OPERATING ENGINEERS LOCAL 295  Labor Organization File Number 057-476  P.O. Box, Building and Room Number, if any  Street 61-04 MAURICE AVE  City MASPETH  State New York ZIP Code + 4 11378
5. Position in labor organization. BUSINESS MANAGER-RESIGNED 04/09/04	

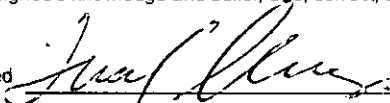
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.    7.b. Amount.

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05  
Date

718-672-1415  
Telephone Number

Name of Person Filing GERARD CLEMENZA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name IUOE LOCAL 295 WELFARE FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 61-04 MAURICE AVE</p> <p>City MASPETH</p> <p>State New York ZIP Code + 4 11378</p>	<p>14.a. Nature of payment.</p> <p>ATTENDED VARIOUS MEETINGS WITH CONSULTANTS, TRUSTEES AND PROFESSIONALS AS PART OF MY FIDUCIARY RESPONSIBILITIES TO THE TRUST FUND.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment</p> <p>\$484</p>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IUOE LOCAL 295 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14.a. Nature of payment.

ATTENDED VARIOUS MEETINGS WITH CONSULTANTS, TRUSTEES AND PROFESSIONALS AS PART OF MY FIDUCIARY RESPONSIBILITIES TO THE TRUST FUND.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$320

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name PENGUIN AIR CONDITIONING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 26 WEST STREET

City BROOKLYN

State New York ZIP Code + 4 11222

14.a. Nature of payment.

MEETING WITH EMPLOYER REGARDING PRELIMINARY DISCUSSIONS ABOUT UPCOMING CONTRACT RENEWAL AND GREIVANCES

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name 61-02 MAURICE AVE INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14.a. Nature of payment.

MEETINGS WITH PROFESSIONALS REGARDING NEGOTIATION OF LEASES WITH ATTORNEY AND ACCOUNTANTS

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment

\$215

Name of Person Filing GERARD CLEMENZA

File Number U-

## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ROTHSCHILD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1251 AVENUE OF THE AMERICAS

City NEW YORK

State New York ZIP Code + 4 10020

14.a. Nature of payment.

ATTENDED VARIOUS BUSINESS DEVELOPMENT DINNERS  
WITH INVESTMENT MANAGER AS PAR TOP MY DUTIES AS  
TRUSTEE TO THE FUNDS

13.b. Is the Business an Employer or Consultant ☒ ?

14.b. Amount of payment.

\$223

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment